



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

							3	FILE NUMBER
1. IS THIS AN AMENDMENT?	∐ Ye	s X No If Yes,	plea	se enter the	file nu	ımber in this b	ох. →	46-20-12
SECTION A. CANDIDATE	NFO	RMATION: Fill	in al	applicable	e box	es as fully an	d accura	ately as possible.
2. Last Name		irst Name		Middle Name		Nickname		3. Type of Committee (Check one)
SWANSON		LYNN		Sue				Candidate's Principal Committee Exploratory Committee
4. Mailing Address (number and street, city, s	tate, and				AX (Opti	onal)	6. E-ma	Il Address (Optional)
5456 W 250	N	LAPORte)			anson 14 Catt. net
7. City, LAPORTE	State	ZIP Code 46350	8. Co	& Brte		9. Telephone (Day,		10. Telephone (Evening) () SAMe
11. Party Affiliation		10000	~			(Include district num	pher if any	Not required for an exploratory committee.)
☐ Democratic ☐ Libertarian ☐ Repub	lican F	1 Other		12. Onice	oougiii	(morado diamet nam	ibor, ii uriy.	riot required for all exploratory commutees,
SECTION B. COMMITTEE			in al	Lannlicabl	e hox	es as fully an	d accur	ately as possible
13. Full Name of Committee (Do not abb	reviate.	Check if this is a	new n	ame.	CDCX	co ao rany an	a door	atory at possible.
CITIZENS to	Fle	CT LYNN	Su	UANSO,	J			
14. Mailing Address (number and street, city,	state, an	d ZIP code) ☐ Check i	f this is	a new address.	15. FA	X (Optional)	16. E-m	ail Address (Optional)
5456 W 250 N					(10.7-1		lan Committee Committee But
17. City /	State	ZIP Code	18. C	ounty 1	.	19. Telephone	-0 0 -	20. Committee Organization Date
Linuici	IN		1	AIORH		(219,851-5	935	(mm/dd/yy) 01-18-2020
21. Chairperson's Full Name Design			n. 🗆	Check if this is	a new o	hairperson.		
LYNN SWAN					Too = 0	V 10 - 11 11	04.5	- U Address (Ostional)
Tailing Address (number and street, city,	state, and	d ZIP code) Li Check if	this is	a new address.	23. FA	K (Optional)	24. E-m	ail Address (Optional)
25. City /	State	ZIP Code	26. Co	ounty /	1) 27. Telephone <i>(Da</i>)	0	28. Telephone (Evening)
LaPorte	IN	46350		APORte		29,851-5		A CONTRACTOR OF THE SECOND STATE OF THE SECOND
29. Bank or Other Depositories (List all L	anks o	other depositories in w	hich the	e committee dep	osits fur	ds, holds accounts,	rents safety	deposit boxes or maintains funds.)
PNC BANK								
30. Exploratory Committee (Give brief state	ment exp	laining purpose of an explore	tory com	mittee only.) 31.				e committee pay the candidate a salary or h a copy of the contract.)
SECTION C. APPOINTMEN	IT OF	TREASURER	IC 3-	9-1-14)				
32. I, as Chairperson of the	fore	going Person Appoi	nted Tr	easurer		Signatu	re of the Co	ommittee Chairperson
committee, appoint the following	pers			SWANSO	51/	(Tx	un a	Jwanson
Treasurer of the Committee. 33. Treasurer's Full Name Designa	te cand	(6) (6) (6)	_			r Ag	1011 / 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
LYNN SWAN.			01100	ich and is a non				
34. Mailing Address (number and street, city,			this is	a new address.	35. FAX	((Optional)	36. E-ma	ail Address (Optional)
5654 W 250		* ===				200 M		
27 Ciby/ () /	State	ZIP Code	38. Co			39. Telephone (Day		40. Telephone (Evening)
LAPORTE	ZN	46350	4	avorte		219851-5	935	()
SECTION D. ACCEPTANCE	E OF	APPOINTMENT	(IC :	3-9-1-15)				
41. I give notice that I accept th	e dut	ies and responsib	ilities	of Treasure	r of th	is Signature of I	Person Ac	cepting Appointment
Committee. I am not the chairpe	rson	of a campaign fina	ince o	committee (e	xcept a	Is Vinn	and	mom
permitted for a candidate committe		F STATEMENT				PYINI	_	FOR OFFICE USE ONLY
SECTION E. CERTIFICATION We certify as the candidate and	the c	uly appointed Ch	airner	son of the (Commi	tee and that w	e have	FILED
examined this statement. To the be	st of c	ur knowledge and	belief	it is true, con	rect and	d complete.		IN CLERKS OFFICE
42. Typed or Printed Name of Chair	perso	n Signature of C	hairp	erson		Date (mm/dd/)	(y)	
LYNN SWANSO	N	Juni	n f	MUNICA	100	01-09-	2020	JAN 1 4 2020
yped or Printed Name of Cand	idate	Signature of C	andic	late	,	Date (mm/dd/)	**	JAN 1 4 2020
LYNN SWANSON		Jumn	G	wand.	X	01-09-2	SUPPLIENDED.	L. Brusses
Warning: State law requires that any ch person who knowingly files a fraudulent re	ange in	this information be rep	orted v	within ten (10) 3-14-1-13). A p	days of erson wi	the change (IC 3-9- no fails to file a con	1-10). A	FRK OF LA PORTE CIRCUIT COURT
accurate report as required by the Indiana	a Camp	aign Finance Law com	mits a	Class B misde	meanor	(IC 3-14-1-14), and	may be	THE STATE OF THE S

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENTS TO VO

(CFA-4) **Summary Sheet**

FILE NUMBER 40-20-12 **TOTAL PAGES IN ENTIRE CFA-4 REPORT**

IS THIS AN AMENDMENT? L Yes M No			4	
COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization) Check if this is a new				
CITIZENS to Elect LYNN SWANSON			N	
2. Acronym or Abbreviated Name (if any)			phone Numbe	
	(2	19185	1-593	5
, , , , , , , , , , , , , , , , , , , ,	Check if	this is a new	address.	
5656 W 250N LAPORTE IN 46350	T 0 D		<i>m</i>	
LAPORTE JN 46350		Publi	(if applicable)	
CANDIDATE INFORMATION (For Candidate's				
7. Full Name of Candidate (Include any nickname.)			or If Independ	ent Candidate
LYLIN SWANSON		Public	Action of the property of the party of the p	ent Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		ounty of Resi		
CORONER		APORT		·
TYPE OF REPORT			CONVENTI	ON CANDIDATES ONLY
11. Check one:			Check one:	*
Pre-Primary Pre-Election Annual Nomination Other		ii	Pre-Cor	nvention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Str	atement of O	rganization.)	Post-Co	onvention
12. Reporting Period (mm/dd/yy):			UMN A	COLUMN B
From: 1-1-20 Through: 4-10-20			Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		120	500	
14. Cash on hand and investments January 1, current year.		Land A		
CONTRIBUTIONS AND RECEIPTS	100			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		100	1 (1/2)	100100
15a. Itemized (Use Schedule A.)		173	1.00	1731.00
15b. Unitemized	TOTAL	100	1.00	1001 10
Too. And lines for the first first too the second	TOTAL			1731.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	1830	0.00	1852.00
EXPENDITURES				国际企业工程等
(Note: These amounts include in-kind expenditures and loan repayments.)	,	4406		1120 21
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1129	.76	1129.76
17b. Unitemized		110	1 71	1120 21
Tro. Add miles the date the second	BTOTAL		9.74	1129.76
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	72	4.24	726.74
19. Debts OWED BY the committee (Use Schedule D.)		-	_	加州亚岛共和国
20. Debts OWED TO the committee (Use Schedule E.)				企业,有些国家
CERTIFICATION			E (2.7)	FOR OFFICE USE ONLY
"RTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T	TRUE, COF	RECT AND CO	MIDI ETE	CLERKS OFFICE
ature of Treasurer/		Date (mm/dd	(33)	CLINIO OTTICL
Treasurer		4-14-2	00	

	CERTIFICATION	A CONTRACTOR OF THE SECOND	FOR OFFICE USE ONLY
RTIFY THAT I HAVE EXAMINED THIS STATEMENT. T	O THE BEST OF MY KNOWLEDGE AND BELL	EF IT IS TRUE, CORRECT AND COMPLETE.	N CIERKS OFFICE
ature of Treasurer/	Title	Date (mm/dd/yy)	TOTAL
Jumn Jurenser	Treasurer	4-14-20	
Signature of Candidate (if applicable)		Date (mm/dd/yy)	MAY 1 5 2020
Junn Varanson		4-14-20	
WARNING: Any information contained in this report may no	t be copied for sale or used for any commercia	purpose. (IC 3-9-4-5) A person who knowingly_	
files a fraudulent report commits a Level 6 felony. (IC 3-1-	4-1-13) A person who fails to file a complete	or accurate report as required by the Indiana	Fortgraf Chestack
Campaign Finance Law commits a Class B misdemeanor, (IC	C 3-14-1-14) and may be subject to civil penaltie	s. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)CLERK	OF LA PORTE CIRCUIT COURT

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUME	BER	
			-	
Page	j	of	1	

The second secon	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	-DATE-RECEIVED
CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code)	31.31	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Meet and Greet	Contributions:			
FundraiseR	Direct ☐ In-Kind (describe)	•	14 24 H	2-11-2020
	I III-Kiliu (describe)	707.00	707.00	
Cash donations multiple	Other Receipts:	,	707.00	-
	☐ Interest ☐ Loan			82
	Miscellaneous (specify)		e a	
Contributor's Occupation (if required)				-
2	Contributions:			
Mickey Brady	Direct			2 2 2621
6466 W. Pine cone Dr.	Food donation		2 = 26	2-9-2020
Michigan City IN	Other Receipts:	350.00	350.00	
4.360	Interest Loan	-		
	Miscellaneous (specify)			
Contributor's Occupation (if required)				W. Salar
	Contributions:			
Kima)umma	Direct		£	
4038 W.150 N Laforte IN	In-Kind (describe)		-	2-9-2020
46350	Other Receipts:	250-00	250-00	
4.22	Interest Loan			
	Miscellaneous (specify)			300
Contributor's Occupation (if required)			27	*
	Contributions:			12 21 10
LYNN SWANSON	Direct	v.		12.31-19
5656 W250 N	in-Kind (describe)			3-20-20
LaPorte IN 16350	Other Baselates	599.00	599.00	
46930	Other Receipts:			
_ =	Miscellaneous (specify)			
Contributor's Occupation (if required) CAUSIBATE			3	
5.	Contributions:			
a a	Direct			
	☐ In-Kind (describe)			
l	Other Receipts:			
-	Interest Loan		и а	
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	THIS PAGE OF SCHEDULE A	\$ 1854.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 1856.00		
(Enter total on ITEM	15a of the Summary Sheet.)	₩ /800.00		



State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE NUMBER	7
	¥	
Page	/_ of _2	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
A Badge-A Minit 345 N. Lewis Ave Oglosby, IL 61348	CANDIDATE LORONER	□ Payment of Debt □ Returned Contribution □ Other □ Purpose: □ Buttous	75.61	75.41	16-24-19
A PEN FACTORY 205 Maywood Ave Maywood, N.J. 07407	LANDIDATE LORONER	Payment of Debt Returned Contribution Other Purpose:	91.14	91.74	10-18-19
A Reprographic Arts a 824 E. Mich. Blud Michigan City IN 4320	COPONER	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose: ☐ HAND SIGN	507.18	507.18	1-14-20
A. Hobby Lobby Lobby Lobby Hobby Lobby Hobby Lobby Michigan City Tu Justo	CANDIDATE CORONER	Payment of Debt Returned Contribution Other Purpose:	85.88	85.88	2.20.20
Gode F Gordon Foods 5400 Franklinst Michigan City The	CANDIDATE CORONER	Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Good S	104.26	10426	1-1820
Code F. Walmart 5780 Franklinst. Michigan City IN 46360	CANDIDATE CORONER	Payment of Debt Returned Contribution Other Purpose; Purpose;	74.36	7434	2-8-20
Code A. WalMart 5780 Franklin St. Michigan City IN 46360	CANSIDATE CORONER	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purposes 51-PATS PAYADE	38.07	3807	2-23-20
	SUBTOTAL THIS PAG		\$ 983.10		
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE		\$		



State Form

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILEN	UMBER.	
		The second	
	500		
		2	
Page	2	of d	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Dollar Tree 4209 Franklin St. Michigan City IN 46360	CONDIDATE LORONER	Payment of Debt Returned Contribution Other Purpose: St. PAT & PARARE	40.66	4066	2-24-20
Code O US Post Office 450 St. Johns Rd Michigan City In 46360	CANSIDATE	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose: StamPS	66.00	66.00	1-17-20
Dode A Pioneer Land Committee	CANSIBATE	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other □ Purpose: 14 P9 ad	40.00	4000	3-11-20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			1
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	29		•
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	8		-
Code	-	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	-	(#) (*)	
,	SUBTOTAL THIS PAG	SE OF SCHEDULE B	\$ 12/1. (./-		
TOTAL OF ALL PA	\$ 146.64				



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes

No.

OF

(CFA-4) Summary Sheet

46-20-12

TOTAL PAGES IN ENTIRE CFA-4 REPORT 3

	COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization CITIZENS TO ELECT LY	Check if this is a new r	name.	N.	
2. Acronym or Abbreviated Name (if any)		3. Committee Tele (219) 8.		5
4. Mailing Address (Address where all campaign finance co	orrespondence is received.) ロロロステンプログロング	check if this is a new		
5. City, State, ZP Code LA Poete IN 46350		6. Party Affiliation	LICAN	****
CANDIDATE IN	FORMATION (For Candidate's C			
7. Full Name of Candidate (Include any nickname.)		8. Party Affiliation		
LYNN SWANSON			BLICAN	,
9. Office Sought (Include district number, if any. Not required on RONER	ed for exploratory committee.)	10. County of Res	The state of the s	
TYPE OF	REPORT		CONVENTION	N CANDIDATES ONLY
. Check one:			Check one:	
Pre-Primary Pre-Election Annual Nomination			Pre-Conv	56598655
Final / Disbands Committee (Lines 18, 19, and 20 must be *0".)	tgoing Treasurer (Within ten (10) days amend State	ement of Organization.)	☐ Post-Con	vention
12. Reporting Period (mm/dd/yy):	2		LUMN A	COLUMN B
From: 4-11-20 Throu	gh: 10-10-20	2000年1000年100日	s Period	Year to Date
13. Cash on hand and investments at the beginning of this	reporting period.	100000000000000000000000000000000000000	24.24	105.00
14. Cash on hand and investments January 1, current year.		same and the first		126.00
CONTRIBUTIONS AND (Note: these amounts include in-kind contributions and loan				
,	is, as well as cush contributione.	4.3	81.00	8237.00
15a. Itemized (Use Schedule A.) 15b. Unitemized			•	
15c. Add lines 15a and 15b in both columns.	SUBT	OTAL 63	81.00	8237.00
16. Add lines 13 and 15c in Column A and lines 14 and 15c	in Column B.		07.24	8231.00
EXPENDITUR	And Server 11 Links And 11 Links 11 Links Addition And 11 Links 12 Links 1		Sept 1960	
(Note: These amounts include in-kind expenditures and load	THE REAL PROPERTY OF THE PARTY	1.52		
17a. Itemized (Use Schedule B.) (Public Question: use Sch		62	43.04	7392.80
17b. Unitemized				0 0
17c. Add lines 17a and 17b in both columns.	SUB	TOTAL 42	4304	7392.80
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL 8	44.20	844.20
19. Debts OWED BY the committee (Use Schedule D.)			_	
20. Debts OWED TO the committee (Use Schedule E.)			- R	
				OR OFFICE USE ONLY
	TIFICATION	DUE CORRECT AND C	PH III THE PROPERTY OF THE PARTY OF THE PART	OK OFFICE GOT AIRE
CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BES	Title,	Date (mm/d	dian	OT 4 =
Signature of Treasurer	Treasures	10-15		CT 15 2020
Signature of Candidate (if applicable)		Date (mm/d	dyy)	
(Me ham (May) a March		10-15		Pouper at history &
WARNING: Any information contained in this report may not be copied	for sale or used for any commercial purpose.	(IC 3-9-4-5) A person w	the Indiana	LA PORTE CIRCUIT COURT



State Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14) Indiana

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMB	ER	
4	16-3	20-	12	
Page	1	_ of _	1	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
" Golf Ouring Fundraisee	Contributions:			
Briar Leaf Golf Course	In-Kind (describe)	5735.00	5735.00	8-23-20
	Other Receipts: Interest Loan Miscellaneous (specify)	5	ži.	
Contributor's Occupation (if required)	Cantella dionar			
2 CASH DONATIONS	Contributions: Direct		2	5-20-20 +NU
MULTIPLE	☐ In-Kind (describe)	F76110		10-1-20
	Other Receipts:	528.00		
	Interest Loan			
	Miscellaneous (specify)		ŧ	
Contributor's Occupation (if required)	Contributions:			
3 Super Cheap Signs	Direct			
	In-Kind (describe)	- 4.0	18.00	9-28-20
	Other Receipts:	18.00	18.00	
	☐ Interest ☐ Loan Miscellaneous (specify)			-1
	refund			
Contributor's Occupation (if required)	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions:			
	☐ Direct ☐ In-Kind (describe)			
9.	Other Receipts:			S
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 6381.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM)	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$		的执行所



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, <u>regardless of amount</u> paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

4	16-	20	-12	
Page _	1	_ of _	1	

RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A AMOUNT THIS	COLUMN B	DATE OF EXPENDITURE
(street, number, city, state, ZIP code)	OFFICE SOUGHT (if applicable)	and PURPOSE (be specific)	PERIOD	YEAR-TO-DATE	(mm/dd/yy)
3233 N St. Rd 39 LA PORK, IN 46350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Goif During	2833 37		8-22-20
9 200 Waterford ctr Austin.TX 78758		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	512.50		5-6-20 8-29-20
Donners on the Cheap I 1595 A Stonehollow Austin TX 78758		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	370.63	e E	8-1-20 8-29-20
MICHIGANCITY IN U6360	,	Dar Direct In-Kind Payment of Debt Returned Contribution Other	144000		9-1-20
MICHIGAN CILY JN 46360		Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	171.00		9.3.20
Code A WCOE 1700 LINCOLNWAY LAPORK JN 41350		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: Radio Ad.	616.00		9-12-20
WIMS WIMS WISS E IL 75 N MICHIGAN CITY IN 46360		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	311.50		9-12-20
	SUBTOTAL THIS PAGES OF SCHEDULE B ON TH		\$6381.00		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

N

OF

(CFA-4) Summary Sheet

FILE NUMBER
46-20-12

TOTAL PAGES IN ENTIRE CFA-4 REPORT

COMMITTEE INFORMATION					
1. Full Name of Committee (as on Statement of Organization)		å			
CITIZENS TO ELECT LYNN SWANSON)				
2. Acronym or Abbreviated Name (if any)	3. Comm	nittee Telephone Number	8		
	(21	19) 851-593	5		
4. Mailing Address (Address Wilers all campaign marks consequences)		s is a new address.			
K 5056 W 250 N LAPORTE IN 463	50	22			
5 City State 7IP Code	6. Party	y Affiliation (if applicable)			
LAPORTE IN 46350	THE OWNER OF THE OWNER OWNER OF THE OWNER OWNE	publican			
CANDIDATE INFORMATION (For Candidate's Co	-		L Condidate		
7. Full Name of Candidate (Include any nickname.)		Affiliation or If Independent	it Candidate		
LYNN SWANSON					
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. Cour	nty of Residence			
L'ORONER TYPE OF REPORT			N CANDIDATES ONLY		
表情感性的 14. 特别的 高色色色 计编码 医黑黑色的 医神经病 计特别 自己的		Check one:	TOARDIDATES ONET		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Pre-Conv	ention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend State		ESTS / DATA SECTION			
	ement of organ	tradiciny —			
12. Reporting Period (<i>mm/dd/yy</i>): From: 10 - 11 - 20		COLUMN A This Period	COLUMN B Year to Date		
		844.20			
13. Cash on hand and investments at the beginning of this reporting period.			125.00		
14. Cash on hand and investments January 1, current year. CONTRIBUTIONS AND RECEIPTS					
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			电影 医高点性		
15a. Itemized (Use Schedule A.)			8237-00		
15b. Unitemized					
15c. Add lines 15a and 15b in both columns.	OTAL	1884420-	8237.00		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	844.20	8237.00		
EXPENDITURES					
(Note: These amounts include in-kind expenditures and loan repayments.)					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		160.00	7552.00		
17b. Unitemized		_			
17c. Add lines 17a and 17b in both columns.	TOTAL	160.00	7552-00		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	484.20	684.20		
19. Debts OWED BY the committee (Use Schedule D.)		_			
20. Debts OWED TO the committee (Use Schedule E.)			是是的人们的人们		
	Nane Sales		OR AFFICE INSE ONLY		

亚克科特尔州海拔制作特别的	IN CLERKS OFFICE		
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO	THE BEST OF MY KNOWLEDGE AND BELIEF IT	IS TRUE, CORRECT AND COMPLETE.	IN CLERKS OTTION
Signature of Treasurer	Title	Date (mm/dd/yy) 12/04/2020	DFC - 7 2020
Signature of Candidate (if applicable)		Date (mm/dd/yy) 12/06/2620	DEG . Esse
WARNING: Any information contained in this report may not files a fraudulent report commits a Level 6 felony. (IC 3-14 Campaign Finance Law commits a Class B misdemeanor, (IC	4-1-13) A person who fails to file a complete or acc	curate report as required by the Indiana_	FreyEnglhubell ERK OF LA PORTE CIRCUIT COL



Form 4606 (R14 / 10-17) Election Division (IC 3-9-5-14 State Indiana

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER	
46-20-12	
Page 2 of 3	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
CODE C HEATHER SKVENS	Cleric	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	50-00		10/11/20
CUNNINGham	COMMISSIONER	Purpose:	50.00		10/11/20
CUNNING KAM		Direct In-Kind Payment of Debt Returned Contribution Other Purpose: relimb: For Mfg. faping	60.00		11/1/20
Code	4	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:		a 1	, div
. Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	A was do		A S
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose			
	SUBTOTAL THIS PA		\$ 160-00		
TOTAL OF ALL P	AGES OF SCHEDULE B ON TH (Enter total on ITEM 17a of	E LAST PAGE ONLY the Summary Sheet.)	\$ 160.00		



State Form 4606 (R14 / 10-17) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE NUMBER
4	16-20-12
Page _	3_ of 3

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
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	=		×		
or store accommittee					€
LENDER'S OCCUPATION:	4		1		
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LENDERIC COCHENTION					
LENDER'S OCCUPATION:	1				
	\ \X				
LENDER'S OCCUPATION:	\\\'				
\					
	N			1.1. 1.1.	a.
LENDER'S OCCUPATION:				1.36 P. 1.54	1 1 1 1 1 1
LENDER'S OCCUPATION:				7	
LENDERS COCURATION					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$